

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/811161
APPLICANT(S) _____

FILING DATE _____

09/26/05 01/27/06

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2						
3						
4						
5						
6						
7	1		1			
8						
9		3		3		
10						
11	1		1			
12						
13						
14						
15						
16						
17						
18						
19	1		1			
20						
21						
22						
23						
24						
25						
26						
27						
28	1		1			
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45	1		1			
46						
47						
48						
49						
50						
TOTAL IND.	7		7			
TOTAL DEP.	3		3			
TOTAL CLAIMS	38		38			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS